

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2013 JUL 12 AM 8:13

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5EC MAIL CENTER

AFFORDABLE HEALTH CARE FOR AMERICA PAC

ADDRESS (number and street)

177 WEST 26 ST

LOFT 200

☐ Check if different
than previously
reported. (ACC)

NY

NY

10001

2. FEC IDENTIFICATION NUMBER ▼

C00523159

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

5. Covering Period

06

27

2013

through

07

30

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

J. BAILEY MORGAN

Signature of Treasurer

J Bailey Morgan

Date

06

04

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only

FEC FORM 3
(Revised 02/2003)